



IFW RCE

Request for Continued Examination (RCE) Transmittal	Application Number	10/523353
	Filing Date	3/7/2005
	First Named Inventor	Qing Yang
	Art Unit	1631
	Examiner Name	NEGIN, RUSSELL SCOTT
	Attorney Docket Number	APL-101/US

Request for Continued Examination (RCE) under 37 CFR 1.114 of the above identified application			
1. Submission required under 37 CFR 1.114			
a. <input type="checkbox"/> Previously submitted. If a final office action is outstanding, any amendments filed after the final office action may be considered as a submission even if this box is not checked.			
i. <input type="checkbox"/> Consider arguments in the Appeal Brief or Reply Brief previously filed on _____			
ii. <input type="checkbox"/> Other _____			
b. <input checked="" type="checkbox"/> Enclosed			
i. <input checked="" type="checkbox"/> Reply No. Pages <u>11</u>		iii. <input type="checkbox"/> Information Disclosure Statement	
ii. <input type="checkbox"/> Affidavit(s)/Declaration(s)		iv. <input type="checkbox"/> Other _____	
2. Miscellaneous			
a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)			
b. <input type="checkbox"/> Other _____			
3. Fees			
a. <input type="checkbox"/> The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments, to Deposit Account No. _____. I have enclosed a duplicate copy of this sheet.			
i. <input type="checkbox"/> RCE fee required under 37 CFR 1.17(e)			
ii. <input type="checkbox"/> Extension of time fee (37 CFR 1.136 and 1.17)			
iii. <input type="checkbox"/> Other _____			
b. <input type="checkbox"/> Check in the amount of \$ _____ enclosed.			
c. <input checked="" type="checkbox"/> Payment by credit card. Form is attached.			
Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO 2038.			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
SIGNATURE	/ James E. Parris / Reg.No. 51,135	DATE	8/19/09
PRINTED NAME	James E. Parris	REG. NO.	51,135

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:	
SIGNATURE	/ Patricia Shepherd /
PRINTED NAME	Patricia Shepherd
DATE	8/19/09